Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	The Grove
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	16 July 2024
Centre ID:	OSV-0004889
Fieldwork ID:	MON-0035297

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre is operated by the Brothers of Charity Services Ireland. The centre is located in a residential area on the outskirts of the busy town. The house is a purpose built bungalow designed to promote accessibility. Each resident has their own en-suite bedroom and share the dining and kitchen area, sitting room and, a further bathroom. A full-time residential service for a maximum of four residents, over the age of 18 years is provided. While the service provides support for residents with a broad range of needs the model of care is social and staff are on duty both day and night to support the residents. Management and oversight of the service is delegated to the person in charge supported by a lead social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 July 2024	09:30hrs to 17:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's compliance with the regulations and standards. The provider had applied to the Chief Inspector of Social Services to both vary and renew the registration of this centre. The inspector found evidence of generally a well-managed centre where the individuality and rights of residents were respected and promoted. However, there were challenges as the residents living in this centre were not best suited to living together in a shared living arrangement. This absence of compatibility impacted on the quality and safety of the service and on compliance with the regulations. The provider was aware of this absence of compatibility and the provider was actively endeavouring to manage it. However, staffing levels were not always sufficient in this regard and staff could not always prevent and protect residents from peer-to-peer incidents. Ultimately, it had been concluded an alternative placement was required for one resident.

On arrival at the centre the inspector noted the flags and bunting erected to support the county team and the attractive summer planting. The person in charge who facilitated this inspection confirmed that the staff team maintained the planters and one resident liked to help staff with this task. Throughout the premises there was evidence of the efforts staff made to personalise the house for residents with artwork and photographs readily displayed.

The house was well-maintained externally and internally and was visibly clean throughout. Each resident was provided with their own ensuite bedroom. The inspector saw that residents were supported to decorate their rooms to their own preferences. Residents shared the main kitchen-dining area and the main sitting room. One vacant bedroom had been converted into a space where one resident could when they wished access and use a computer and printer. Their personal space and their personal belongings were important to residents and residents were supported to lock their bedrooms when they were not in the house. Privacy signs were also erected. However, the person in charge said that the residents found it difficult to manage the keys and were reliant on staff to help them. The person in charge had a preference for a fob-type system that residents could independently use.

All of the four residents were in the house when the inspector arrived and each resident in their own way gave a warm welcome to the inspector. The inspector who had completed previous inspections of this centre noted that the residents looked very well. For example, one resident was active and energetic and engaged verbally with the inspector at a level not previously observed. The person in charge described how, with support from the provider, they had advocated strongly for improved access to healthcare services for the resident who was benefiting from a review of prescribed medications.

The residents had different plans for the day. For example, one resident was getting

ready to go to a local community based day service. The resident had enjoyed a recent hotel stay supported by staff to attend a favoured musician in concert. The resident said they had enjoyed their stay and laughed when the inspector asked if the musician had sang their most well-known song. The resident introduced the inspector to their interactive dog who was much loved and went everywhere with the resident.

Another resident was dressed and ready to go on a day trip to Galway with peers from their off-site day service. While the resident did not engage verbally with the inspector the resident smiled when the inspector admired their dress and their sunglasses and, the resident proudly showed the inspector the medal they had received for participating in basketball. The staff were unsure if the resident would go on the day trip. Staff said that the resident could frequently change their mind and plans. The resident was given space and time and willingly left with the day service staff and a peer.

Therefore there were two residents in the house for most of the day. One resident regularly approached and engaged with the inspector showing the inspector their communication book, their visual schedule and photographs displayed of family and peers. The resident was recovering from a recent fall and had to postpone a planned trip away with a peer. The person in charge had good systems in place for identifying and managing risks and for reviewing incidents including such falls. Staff spoken with said that the trip would be rescheduled once the resident had recovered.

This resident repeatedly gestured to the visual representation of the recently agreed "house agreement" and clearly communicated by gesture their understanding of this agreement. There was a strong theme of affording residents the opportunity to better understand and learn the skills needed to live well together. Meetings had been facilitated by a relationships trainer, residents were supported to access external advocacy and, the designated safeguarding officer attended the house and spoke with residents.

The staff team had been provided with both on-line and site-specific human rights training and, based on these inspection findings, staff practice respected and promoted the will and preference of each resident while also endeavouring to promote a safe and happy home for all residents. The practice observed was attentive, unhurried, calm and evidenced based. For example, a resident went with a staff member to the local butchers when they requested a particular lunch choice. The lunch was prepared and served in line with the resident's safe eating and drinking plan. Residents were supported to express any concerns they had and to utilise the provider's complaint procedures.

There was no evidence of the absence of compatibility between residents until the evening when all four residents were back in the house and sitting at the kitchen table. Residents were speaking about their day but one resident did not react well when spoken to by the inspector. The inspector noted how the atmosphere in the house could change without warning and how this impacted on the other residents. For example, one resident looked anxiously at their peer while another resident got

up from the table and picked up the "house agreement". The inspector left the kitchen so as to prevent any possible escalation. Escalation is possible up to and including physical incidents between peers.

The provider was, as stated in the opening paragraph, very aware of the absence of compatibility and the impact it could have. For example, it was addressed in the quality and safety reviews of the service and, actions such as a review of the staff rota had been completed to reduce the risk of incidents occurring. However, the staffing levels did not always provide the one-to-one support needed when all four residents were in the house. An external review had concluded that the centre was not best suited to the needs of one resident who was, at a different stage in life to the other three residents. Staff had supported residents to complete a HIQA questionnaire as part of this inspection process. Generally the feedback provided was positive with residents reporting that they had good choice and liked living in the centre. One resident had however reported that they did not like living in the centre and did not get along with their peers.

In summary, this was a good person centred service that was consistently managed and overseen. However, there were interlinked failings in relation to compatibility, peer-to-peer incidents and staffing levels that impacted on the quality and safety of the service and resident quality of life.

The next two sections of this report will discuss the governance and management arrangements in place in the centre and how these assured the appropriateness, quality and safety of the service.

Capacity and capability

The management structure was clear and based on these inspection findings it operated as intended by the provider. The provider had effective quality assurance systems for maintaining oversight of the appropriateness, quality and safety of the service. The provider itself knew that there were challenges to the quality and safety of the service. The provider was responding to these challenges such as in relation to staffing levels but they were not resolved at the time of this inspection.

The day-to-day management and oversight of the service was delegated to the person in charge. Throughout this inspection the person in charge could describe and demonstrate to the inspector how they planned, managed and monitored the service. For example, the person in charge maintained good oversight of risk, any incidents that occurred and, put controls in place to manage risk. The person in charge said they had excellent access to and support from senior management. The person in charge escalated any concerns they had to their line manager.

On a day-to-day basis the person in charge was supported in the management and oversight of the service by social care workers. One social care worker worked alternate weekends. The provider also operated an out-of-hours on call

management system.

The person in charge convened monthly staff meetings. The records seen of these indicated good staff attendance and detailed discussion of each resident and their care and support needs and, other general matters such as safeguarding. The person in charge confirmed that formal staff supervisions were completed and described the staff team as committed to the residents and to developing their own skills and knowledge. This was reflected in the staff training records. The inspector identified no training gaps and staff completed additional training relevant to the needs of the residents such as in falls prevention and management and, supporting residents to eat and drink safely.

The inspector requested and reviewed a sample of four staff files. The files contained all of the required information such as a full employment history, references and evidence of a vetting disclosure.

The person in charge described how, in response to the safeguarding risk in this centre, staff had co-operated with changes made to the staff duty rota. These changes allowed for an increased staffing presence in the centre up to 21:30hrs each day including weekends. This was evident from the staff duty rota. However, even with these staffing levels the person in charge reported that it was challenging for the staff team to provide the one-to-one support needed when all residents were in the house. The provider had an open business case with its funding body seeking additional staffing resources.

The provider had quality assurance systems and used these effectively. For example, the person in charge maintained oversight of medicines management practice and analysed incidents and, there was centre specific and organisational oversight of residents' personal possessions. The annual review of the quality and safety of the service had been completed and provided for consultation with residents and their representatives. The six-monthly quality and safety reviews were completed on schedule and quality improvement actions including in response to the absence of compatibility between residents were in progress.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted to the Chief Inspector of Social Services a complete and valid application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and

qualifications needed for the role. Based on these inspection findings the person in charge was consistently and effectively engaged in the management and oversight of the appropriateness, quality and safety of the service provided to residents. The person in charge could describe and clearly demonstrated to the inspector how this was achieved.

Judgment: Compliant

Regulation 15: Staffing

The provider did not consistently have the staffing levels and arrangements needed in response to the needs and risks arising in this centre including the absence of compatibility between the current cohort of residents. This was a particular issue when all four residents were in the house together. One resident did have an off-site day service but staff and management described the residents increasing reluctance to attend the day service and an inconsistent pattern of attendance meaning all four residents were now regularly in the house together. The maximum number of staff on duty was three but in addition to the safeguarding risk there were other risks that required staff attention and vigilance for all four residents such as for choking, falls, seizure activity and leaving the house without staff knowledge. This meant that staff members in the context of the current staffing levels could not always provide the one-to-one support needed to reduce the risk of behavioural incidents including peer-to-peer incidents from occurring. The provider sought to maximise the capacity of the existing staffing resources but had an open high risk and a business case submitted to its funding body seeking additional resources.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge described the staff team as committed to their ongoing professional development. From the training records the inspector saw that all staff had completed mandatory training such as in safeguarding, fire safety and responding to behaviour that challenged. Staff were provided with and attended training specific to the needs of the residents they supported such as training in falls prevention and management, safe eating and drinking, the administration of rescue medicines, report writing and, respecting and promoting human rights.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted with it's registration renewal application evidence that it had appropriate insurance in place such as insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were challenges to the quality and safety of the service and consequently the provider did not demonstrate full compliance with all of the regulations reviewed on this inspection. However, based on these inspection findings there was also evidence that this was a service that was consistently managed and monitored. For example, the person in charge had good systems in place for assuring the service provided to residents. Good oversight was maintained of risk and how it was managed and the person in charge ensured that residents had access to the health care services that they needed. The person in charge had scheduled MDT reviews so as to best inform the supports provided. Very regular staff team meetings were held where the staff team discussed and were kept updated on residents needs and supports. Residents were spoken with and consulted with. The provider was identifying through its quality assurance systems what was working well in the service but also where improvement was needed. The provider sought external expertise and input as as to inform the corrective actions needed. The provider was aware that there was an absence of compatibility between residents and an alternative service was recommended for one resident. However, while it was evident that the provider was responding to and attempting to manage the challenges in this centre the centre was not appropriately resourced to provide the care and support needed. For example, in relation to the consistent implementation of safeguarding measures. The provider had an open and unresolved staffing business case with its funding body seeking the additional resources needed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a contract for the provision of services in both personal plans reviewed by the inspector. The contract set out the service to be provided and any charges the resident had to pay. The contract advised residents of the insurance the provider had in place. The contracts were signed by the residents and representatives for the provider.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector read the statement of purpose and saw that the provider kept the record updated. The statement of purpose contained all of the required information such as the number of residents who could be accommodated, the range of needs to be met, the governance and management arrangements and, arrangements such as for receiving visitors.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed records such as the analysis of accidents and incidents that had occurred. Based on this review the inspector was assured there were suitable arrangements in place for notifying the Chief Inspector of Social Services of incidents such as any injury sustained by a resident and, any safeguarding concerns raised.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were made aware of and were supported by staff to access and use the providers complaint management policy and procedures as they wished. For example, the inspector saw an accessible complaint template used by a resident to make a complaint. The person in charge maintained a record of any complaints received and the actions taken in response to the matters raised. The person in charge maintained a record of complainant satisfaction. The provider maintained oversight of the receipt and management of complaints. For example, this was a line of enquiry in the six-monthly quality and safety reviews.

Judgment: Compliant

Quality and safety

Based on what the inspector observed, read and discussed this was a well-managed service where residents were supported to enjoy good health and a good quality of life. However, as stated in the opening section of this report the four residents living

in the centre were not best suited to living compatibility together. The provider endeavoured to manage this absence of compatibility but did not always have the staffing levels and arrangements needed. It had also been concluded that an alternative service better suited to the needs, will and preference of one resident was required.

Despite these challenges, overall, the atmosphere in the house was relaxed and residents were noted to be confident and in good control of their environment as they moved from their bedrooms to the main kitchen or into to staff office to interact with staff. Staff were attentive and went about their duties in a calm and respectful manner. Staff spoken with were knowledgeable as to the background, needs, preferences and support needs of each resident. The practice described and observed reflected what the inspector read in the two personal plans reviewed. For example, the inspector noted that staff maintained a presence in the main kitchen while residents were eating or sitting together. Residents and their representatives (as appropriate) were consulted with in relation to the development and review of the personal plan.

The personal plan included the plans for supporting healthcare needs. Each resident had healthcare needs. Residents had access to the services that they needed including recent speech and language therapy reviews, dietitian and occupational therapy reviews. The person in charge was progressing any recommendations made such as the modification of one resident's ensuite bathroom.

While modifications were recommended to enhance its suitability the premises was currently meeting the needs of the residents. The house was purpose built and suited to residents with mobility needs or residents at risk for falls. Throughout the house the efforts made by the staff team to enhance the homelike atmosphere of the house were evident. Throughout the day of inspection one resident repeatedly took the inspector to different photos on display such as events enjoyed with peers and family.

The personal plan included the resident's personal goals and objectives and staff spoke with confidence as to how these goals had to be about the resident and what was important to them. Residents' routines were generally individualised to their individual choices and preferences rather than the absence of compatibility between them.

These routines reflected the person centred ethos of the service and, staff and management understanding of how daily practice impacted on the autonomy that residents enjoyed. Residents were spoken with in relation to their care and support needs and the general operation of the house. However, residents were also spoken with and provided with accessible training in efforts to develop their understanding of relationships and how to develop and maintain good relationships where, people lived together in a shared living arrangement such as this. Staff recorded how each resident engaged with the training programme and demonstrated learning and understanding. Practical efforts were put in place such as privacy signs on bedroom doors and residents were supported to lock their bedroom doors.

In addition, the training records indicated that staff working in the centre had completed either on-line or in-person safeguarding training or both. The person in charge had completed a safeguarding specific staff meeting in May 2024 where the provider's safeguarding policy and procedure was discussed as were the specific safeguarding risks arising in the centre. Safeguarding plans were in place.

However, incidents did still occur between residents. At times incidents including physical incidents were directed at peers. Other incidents were not directed specifically at peers but still caused distress and upset the general ambience of the house. For example, during meals and occasionally at night. As discussed in the previous section of this report staffing levels and arrangements did not always provide for the one-to one-support needed to best prevent incidents from occurring when all four residents were in the house.

The person in charge maintained good oversight of the risks presenting in the centre such as this safeguarding risk. The person in charge ensured that controls were proportionate to the risk that presented. The needs of the current cohort of residents and the risks presenting had resulted in an increase in environmental restrictions such as alarmed doors and a new secure boundary. Residents were spoken to about the need for these restrictions.

The premises was fitted with the required fire safety measures and the procedures for evacuating residents and staff from the premises were regularly tested.

Regulation 10: Communication

The assessed needs of the residents included communication differences and residents utilised a range of communication methods. For example, it was evident to the inspector that visuals such as photographs were an important part of one residents communication supports. The resident used their communication book throughout the day to show the inspector what was important to them and activities that they enjoyed. The resident had a visual schedule but appeared to have a preference for interacting with staff and using gestures and objects to communicate what it was they wanted to do such as to go for a cup of coffee. Staff used tools such as social stories to explain to residents matters including clinical care and interventions and, used accessible formats such as of the providers complaint procedures. There were times when residents used behaviour to communicate how they felt about themselves or others. This was understood and therapeutically responded to.

Judgment: Compliant

Regulation 11: Visits

As appropriate to their individual circumstances residents were supported to maintain contact with family and home. These arrangements were different for each resident. There were no restrictions on visits and a private space could be provided if needed.

Judgment: Compliant

Regulation 12: Personal possessions

Each residents capacity to mange their personal possessions was assessed and staff support was provided as needed. There were systems in place for ensuring residents' personal finances were safeguarded while residents enjoyed and benefited from them. For example, the inspector saw electronic records of balances, withdrawals, deposits and records of what was purchased by or for residents. An inventory of personal assets was also maintained. These systems were audited in the centre and annually by the financial department. The inspector followed two queries raised by the most recent audit. The person in charge provided the information needed and clarified the purchases that were made. The person in charge committed to ensure that there was an explicit action plan in place in response to the findings of future reviews.

Judgment: Compliant

Regulation 13: General welfare and development

Access to MDT input ensured the evidence base of the support that was provided. The approach to care and support was very individualised with each resident choosing what it was that they wanted to do and who they did it with. Residents had relationships and friendships with peers not living in the centre. For example, one resident attended a community based day service and on the day of this inspection travelled there with staff and peers from another nearby centre. Another resident attended a five day day service but as mentioned elsewhere in this report that arrangement was not currently working well for the resident. Residents enjoyed short breaks away supported by the staff team and engaged in a range of activities such as local walks, shopping, art, swimming, gardening, horseriding and reflexology. Residents liked to be out and about in the community with staff visiting local shops, services and amenities.

Judgment: Compliant

Regulation 17: Premises

Residents were provided with a safe and comfortable home. The location, design and layout of the house was suited to the number and needs of the residents living in it. Residents if able could with staff support walk to a nearby shopping centre but staff had access to two service vehicles. Each resident had their own en-suite bedroom. Each bedroom had an exit door to the outside in the event of an emergency. The house was well maintained internally and externally and was visibly clean throughout. The person in charge monitored the ongoing suitability of the premises to the changing needs of the residents and had a plan for progressing any modifications recommended by the MDT.

Judgment: Compliant

Regulation 18: Food and nutrition

One resident was enjoying their breakfast when the resident arrived. The resident confirmed it was their breakfast of choice. The inspector noted the care and attention to detail given by staff when preparing the main meal of the day. One resident had expressed a particular choice of meal and went with staff to the butchers to get the items needed. The meal was prepared and served in line with the speech and language recommendations as seen in the resident's personal plan. Staff spoken with were aware of fluctuating risk such as the impact of medicines and seizure recovery on resident ability to eat and drink safely. Staff monitored resident body weight and the person in charge had sought input from a dietitian in response to some loss in weight detected. Residents were seen to enjoy their meals while staff members maintained a discreet presence so as to provide the supervision needed. Throughout the day residents had access to the kitchen and to the staff team and were provided with drinks and snacks as requested.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide a residents. The guide contained all of the required information such as the terms of residency, the services and facilities to be provided, how to make a complaint and, how residents were consulted with in relation to the running of their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained good oversight of the risks that presented in this centre and how they were managed. This oversight was evident from the risk register and in discussions with the person in charge. The oversight and review of risk was linked to any incidents that occurred and the analysis of those incidents. The risk assessments seen reflected what was discussed such as the risk for peer-to-peer incidents, falls risks, the risk for choking and for leaving the centre without the knowledge of staff. The controls to manage these risks were also evident such as MDT review and recommendations, alarms to alert staff and specific plans such as for falls prevention and, positive behaviour support. Risks were managed while residents were supported to remain as independent as possible and to enjoy a home where restrictions were kept to the minimum. There were outstanding controls. For example, staffing deficits and the sourcing of an alternative placement for one resident. This is addressed in the relevant regulations.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was fitted with the required fire safety measures such as a fire detection and alarm system, emergency lighting and doors with self-closing devices designed to protect escape routes in the event of fire. There was documentary evidence on file that the periodic inspections of fire safety systems were completed. Staff members had completed fire safety training. Regular simulated drills were undertaken to test the effectiveness of the centres fire evacuation procedures. Unplanned evacuations had also been required for example, when a resident had activated a manual call point. Planned and unplanned evacuations had established that all residents could be evacuated even with minimum staffing levels. Where challenges to evacuation did arise corrective actions including training for residents with a smoke device were taken to develop resident understanding of the risk of fire and the importance of evacuating.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had in place recently reviewed medicines management policy and procedures. Medicines were supplied by local pharmacies on the basis of each resident's prescription. Staff administered the medicines prescribed following an assessment of resident capacity to manage their own medicines. Staff maintained a record of the medicines they administered.The effectiveness and impact of the

prescribed medicines was monitored. Medicines management practices including any errors that occurred were audited and corrective actions were taken where a need for improvement was identified. Subsequent audits monitored and ensured that that improvement occurred.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The arrangements in the designated centre were not suited to the needs and wishes of one resident. Based on its own monitoring of incidents that had occurred in the centre the provider had sought external input and review of resident needs and service requirements. That review was recent and the report issued to the provider in June 2024. The reviewer concluded that three residents lived well together but the fourth resident potentially would have to make sacrifices and adjustments if they continued to live in this centre. The reviewer noted that the relationship between this resident and one other resident was most likely not a sustainable relationship and, the underlying absence of compatibility would be best addressed by offering the resident a more appropriate placement. A staff member spoken with told the inspector of how the resident would show staff pictures of a house on their phone while saying they wanted a new house. In written feedback provided to HIQA the resident said that they did not like living in the house. The person in charge had commenced progressing the actions recommended such as the scheduling of MDT meetings and positive behaviour support reviews. However, much work was needed to establish what type of service the resident wanted and needed.

Judgment: Not compliant

Regulation 6: Health care

Staff monitored each resident's health and well-being. The person in charge ensured that residents had access to the healthcare services that they needed such as their General Practitioner (GP), out-of-hours medical review and care, psychiatry, hospital based services and clinicians and, MDT input appropriate to their needs. For example, the person in charge had secured recent reviews by speech and language therapy, dietetic and occupational therapy reviews. Healthcare plans were updated based on the recommendations made and the practice observed reflected the plans. For example, in relation to falls prevention and safe eating and drinking. The person in charge was progressing longer-term recommendations such as the modification of one ensuite bathroom. Residents were consulted with and provided with information, for example through the use of social stories, in relation to their healthcare needs and any treatment necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

As discussed throughout this report there were times when residents exhibited behaviour that impacted on others including their peers and the staff team. The reasons for this were complex and did not result solely from the absence of compatibility between residents though this was a definitive trigger. For example, how residents were feeling, their general health and prescribed medicines were all acknowledged to impact on the possibility of behaviour occurring. Residents had access to psychiatry and positive behaviour support. The impact and effectiveness of prescribed medicines was monitored. Recently reviewed positive behaviour support plans were in place to guide staff on the type of behaviour that could present, preventative and responsive strategies. The person in charge sought to ensure that residents experienced minimal restrictions in their home and in relation to their routines. There was a risk based rationale for the restrictions in use and residents were consulted with in relation to the need for them.

Judgment: Compliant

Regulation 8: Protection

Residents did not always live well together in this designated centre and further action by the provider was needed to ensure that residents were at all times protected from harm including harm from a peer. This was reflected for example in the pattern of peer-to-peer incidents that the provider submitted to the Chief Inspector of Social Services particularly since the most recent admission in late 2022. The provider had maximised the capacity of the current staffing levels so as to provide better support and supervision and, safeguarding was a standing agenda item at staff meetings. Residents were educated in an attempt to develop better understanding of safeguarding and building relationships in the context of a shared living arrangement. The designated safeguarding officer met and spoke with the residents. However, incidents still happened particularly between two of the residents. At times incidents were physical such as grabbing and pulling. The resident who was most frequently impacted by these peer-to-peer incidents stated in the feedback provided in their HIQA questionnaire that they did not like living in the centre, did not get along with their peers and did not feel safe. Incidents also occurred that were not specifically directed at peers but still upset them and the general atmosphere of the house. For example, staff had recently reported that one resident was very distressed and crying following an incident of peer behaviour in the dining room. A staff member described how the dynamic in the house could at times change rapidly and without warning.

Judgment: Not compliant

Regulation 9: Residents' rights

Notwithstanding the challenges that arose, this was a centre where the individuality, rights, will and preference of each resident were respected, protected and promoted. Staff described and the inspector observed what were largely individualised routines in relation to day-to-day activities such as getting up, attending to personal care and having meals. The importance to residents of their personal space and possessions was respected and residents were supported to lock their bedrooms if they wished. Privacy signs were also put in place. Residents were supported to access and use the complaints procedure and their complaints were listened to. Residents were supported to access and use the services of an independent advocate to progress their will and preference. For example, in relation to where they lived. The person in charge and the staff team were also strong advocates for the residents. For example, in relation to ensuring they had access to healthcare services and, in reporting incidents that occurred between residents. Residents were spoken with and listened to and had opportunity to develop their understanding and skills such as in relation to respecting personal boundaries. A resident''s right to decline activities and interventions was respected. Residents were supported to exercise their religious beliefs where this was important to them. For example, the inspector noted many religious items displayed in one residents bedroom and staff were hoping to support the resident to go on a pilgrimage next year. Staff spoken with had good knowledge of each resident's background and life experiences and how this influenced their presentation, wishes and preferences.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Grove OSV-0004889

Inspection ID: MON-0035297

Date of inspection: 16/07/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of residents, the statement of purpose and the size and the layout of the designated center by: • Revised business case for the Grove service has been submitted to the HSE; to replace previous business case seeking funding to ensure sufficient staffing levels in the DC – approval of this business case will allow one resident to move to a more suitable, individualized service. (Complete) While awaiting approval of said business case, the following actions will be taken to manage the needs and risk arising within the DC including the absence of compatibility between all residents within the DC: o Compatibility assessment actions continue to be progressed in the interim. o The Person In Charge will continue to monitor and respond to the needs and risk of all residents within the DC. o The Person in Charge will ensure appropriate oversight of the DC regularly, this will consist of announced and unannounced visits. (Overall Planned Completion: 30/09/2025).	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

Assurances relating to the governance and management systems within the designated centre will be delivered as follows:

• See above actions under regulation 15 to address compliance levels in relation to governance and management.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Registered provider will ensure that there are arrangements in place to meet the needs of the residents through the individual assessment and planning processes.

• The Person in Charge will continue to support one resident to engage with her assigned independent advocate to explore where she would like to live and with whom & what her ideal living arrangements would be – in conjunction with her assessed needs. This will be done at the pace required by the resident, to appropriately assess her needs and wishes, using the organisation's POMS process.
• The Person In Charge will discuss the resident's transition with all multi-disciplinary professionals involved in the resident's circle of support at case review scheduled for 21st August 2024 to ensure the supports required for the resident to achieve the appropriate living arrangement as per her wishes, are put in place. This case review will also review the resident's day service placement, in the interim.

(Overall Planned Completion: 30/09/2025).

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Assurances relating to ensuring all residents are protected from harm including peer to peer incidents are actioned above under regulation 15. Interim mitigations in place to protect the residents will continue. These are outlined with the relevant compatibility assessment action plan, Safeguarding Plan and risk assessments.
• The roster will remain under regular review while awaiting approval of outstanding business case, in order to maximize best use of current resources to ensure the protection of all residents.
• Fob-type system for resident's bedroom doors to promote their privacy will be installed.

(Completion date: 31/10/2024)

(Overall Planned Completion: 30/09/2025).

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2025
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that	Not Compliant	Orange	30/09/2024

	arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2025